

# Home Safety Checklist ✓



## Instructions

This home safety checklist is intended for homes of families with children ages 0 to 3 and will be used three times over a six-month period. The initial checklist serves as a baseline and determiner of need. Two follow-ups will be conducted at three months and six months after the initial checklist.

Each time the checklist is administered, review each item with the family. If the family follows the guidelines of the checklist, simply check the box under “Yes”. If not, check “No”. Anytime education is provided about a specific item on the checklist, check the box under “Provided Education”. If an item on the checklist does not apply to the family, either because of the home, the age of the child, or for some other reason, simply leave the checkboxes blank for that item.

**List any home safety devices that were supplied to the family (for example, baby gates, outlet covers, cabinet locks, TV straps, etc.) and indicate whether each device was installed:**

	Was the device installed?	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Families enrolled by February 9, 2017 should receive this checklist and education. Families on Levels 1-P, X2 and L4 are excluded from this data collection process.**

**CHECKLIST COMPLETION DATES:  FEBRUARY  MAY  AUGUST  
 SUBMIT COMPLETED CHECKLISTS TO KODI IN AUGUST.**

## Client Demographics

Client number: \_\_\_\_\_ MOB age: \_\_\_\_\_ Number of children ages 0-5: \_\_\_\_\_

Family type:  1-parent family  2-parent family  Multi-generational (for example, parent and grandparent)

MOB Education:  No high school degree or equivalent  High school degree or equivalent  Some college (no degree)  Associate's degree  Bachelor's degree  Post-Bachelor's degree

Language spoken at home: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

Housing:  Rent  Own Type:  House  Apartment/Multi-Unit  Mobile Home  Other: \_\_\_\_\_

## Protecting Children from Poisons

	Initial Visit (February 2017)			3-Month Follow-up (May 2017)			6-month Follow-up (August, 2017)		
	Yes	No	Provided Education	Yes	No	Provided Education	Yes	No	Provided Education
1. Cleaning supplies, detergents, medicines, and other chemicals are kept out of reach or in locked cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Poison Control number is posted by the telephone. <b>1-800-222-1222</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medications are out of reach in a locking cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/notes about poisons:**

Initial visit:

3-month follow-up:

6-month follow-up:

## Protecting Children from Smoke and Burns

	Initial Visit (February 2017)			3-Month Follow-up (May 2017)			6-month Follow-up (August, 2017)		
	Yes	No	Provided Education	Yes	No	Provided Education	Yes	No	Provided Education
1. Does not hold child while cooking on the stove.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke detectors are installed and their batteries are checked monthly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All electrical outlets are covered with caps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Never holds or carries hot liquids while holding the child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hot water heats to no more than 120° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Never leaves electrical cords hanging where children can reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lit candles and wax warmers are out of child's reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Back burners are used when cooking and/or handles are turned away and not accessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/notes about smoke and burns:**

Initial visit:

3-month follow-up:

6-month follow-up:

## Protecting Children from Falls and Falling Objects

	<i>Initial Visit (February 2017)</i>			<i>3-Month Follow-up (May 2017)</i>			<i>6-month Follow-up (August, 2017)</i>		
	<i>Yes</i>	<i>No</i>	<i>Provided Education</i>	<i>Yes</i>	<i>No</i>	<i>Provided Education</i>	<i>Yes</i>	<i>No</i>	<i>Provided Education</i>
1. Gates are in place blocking all stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Windows are opened no more than 6 inches or have window guards on them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dresser drawers are kept closed so children cannot pull on them and get hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. TVs and other heavy items are on low, sturdy furniture or anchored to the wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/notes about falls and falling objects:**

Initial visit:

3-month follow-up:

6-month follow-up:

## Protecting Children from Cuts and Choking

	<i>Initial Visit (February 2017)</i>			<i>3-Month Follow-up (May 2017)</i>			<i>6-month Follow-up (August, 2017)</i>		
	<i>Yes</i>	<i>No</i>	<i>Provided Education</i>	<i>Yes</i>	<i>No</i>	<i>Provided Education</i>	<i>Yes</i>	<i>No</i>	<i>Provided Education</i>
1. Only toys appropriate for children's age and development are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knives and other sharp objects are kept away from children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Window blinds and cords are kept away from the child's crib and out of his reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sharp edges and corners that the children might bump into are covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Every day, the floor and other surfaces are checked for small objects that a child could choke on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/notes about cuts and choking:**

Initial visit:

3-month follow-up:

6-month follow-up:

## Safe Sleep

	Initial Visit (February 2017)			3-Month Follow-up (May 2017)			6-month Follow-up (August, 2017)		
	Yes	No	Provided Education	Yes	No	Provided Education	Yes	No	Provided Education
1. Infant has a safe place to sleep: playpen or crib without bumpers, large blankets, pillows, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Slats on the crib or playpen are no more than 2 <sup>3/8</sup> inches apart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Infant sleeps in his/her own crib or playpen (does not sleep in the same bed as parent).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/notes about safe sleep:**

Initial visit:

3-month follow-up:

6-month follow-up:

## Protecting Children from Other Injuries

(Use the extra spaces to add any additional items not included on this checklist.)

	Initial Visit (February 2017)			3-Month Follow-up (May 2017)			6-month Follow-up (August, 2017)		
	Yes	No	Provided Education	Yes	No	Provided Education	Yes	No	Provided Education
1. Children are not left alone or with other children in the bathtub.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Parent has been provided education about shaken baby and has a crying plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If firearms are in the house, they are stored in a safe and secured place where children cannot access them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency phone numbers are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/notes about other injuries:**

Initial visit:

3-month follow-up:

6-month follow-up: